



## 2021 HEWT Medical/Vision Displaced Worker Program Monthly Rates

Level of Coverage	Kaiser Foundation Health Plan of Wa. Options, Inc.		
	1 <sup>st</sup> 12 Months	2 <sup>nd</sup> 12 Months*	3 <sup>rd</sup> 12 Months*
Individual	\$164.99	\$350.61	\$687.48
Individual Plus One	\$301.93	\$641.59	\$1258.02
Individual Plus More Than One	\$506.53	\$1076.38	\$2110.55

Level of Coverage	UnitedHealthcare PPO		
	1 <sup>st</sup> 12 Months	2 <sup>nd</sup> 12 Months*	3 <sup>rd</sup> 12 Months*
Individual	\$376.73	\$ 800.54	\$1569.69
Individual Plus One	\$735.77	\$1563.51	\$3065.70
Individual Plus More Than One	\$1056.37	\$2244.78	\$4401.53

\* Rates adjust January 1 each Calendar year

## 2021 HEWT Dental COBRA Monthly Rates

Level of Coverage	Delta Dental Buy Up	Willamette Dental
Individual	\$ 45.18	\$ 50.29
Individual Plus One	\$ 81.65	\$100.73
Individual Plus More Than One	\$120.83	\$188.75

## 2021 HEWT EAP COBRA Monthly Rates

Level of Coverage	Employee Assistance Program
Employee	\$ 2.24

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) was created by a federal law and provides continuing benefits for eligible individuals.